2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2004 8:00 am Secretary of State

HENRY ANDERSON INC		50.00
Principal Place of Business Mailing Address		
710 E ELM ST 710 E ELM ST TAMPA, FL 33604 US TAMPA, FL 33604 US		
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2. Principal Place of Business 3. Mailing Address		
110 E ELIN ST 110 E ELIN ST	a iliot iaisa iilio iisia afii	B.O. 13 1884
Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-P C	R2E034 (10/03)	
City & State TAMPA, FL City & State TAMPA, FL 4. FEI Number 2004146	7 7 0	olied For Applicable
Zip Country Zip Country	38.75 Addi	tional
6. Name and Address of Current Registered Agent 7. Name and Address of New Regist	Fee Required	
ANDERSON, HENRY		
710 E ELM ST Street Address (P.O. Box Number is Not Acceptable)	Streat Address (P.O. Box Number is Not Acceptable)	
TAMPA, FL 33604		
City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing		
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER		
NAME ANDERSON, HENRY NAME	☐ Change	Addition \
STREET ADDRESS 710 E ELM ST STREET ADDRESS		
CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP	☐ Change	Addition
NAME	La orango	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		
TITLE Delete TITLE	☐ Change	Addition
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CITY-ST-ZIP CITY-ST-ZIP		
TITLE TITLE NAME NAME	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		

12. I nereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3-30-04 *(813)786-00*3:

Daytime Phone